	.,			
EXECUTIVE LOBBYING EXPE	NDITURE RE	PORT		
COVERING JANUARY 1 - JUNE 30.	_ TWO ATRETET IS	1'	<u> </u>	<u> </u>
COVERING JANUARY 1 - DECEMBER 31.		IARY 15	F	OR OFFICE USE ONLY
Mail on the Board of Ethics, 2415 Quali Dr., 3rd Fl	our, Baton Rouge, LA	70808	-	ERQ - 2 (15
Fact to: (225)763-8787 oz (225)763-8780			1	08
I. Numa Blacher, I	ARYL_ First		30	72508
2. Besiness Address: 30/7 mais St	, St <u>. 1012, B</u> 3	B. JA.	10825 L	
Maring Address Same	Cthy	State	Zф	
/ 2				
. 3. Business Phone (235) 376-1	144			
Area Code and Tele	ibpone Miniper			l ∕n
 Total of all executive lobbying expenditures a (include expenditures from Schodules A and B) 	ande January I through	h jiuo ≥ 30: '\$_		[2_
 Total of all executive lobbying expenditures a (When Applicable) (Include expenditures from 	oade July 1 through De Scheduler A and B)	cember 31: 5_	.0	<u>0</u> _
 Total of all executive hobbying expenditures a (Line 4 added to Line 5 should equal Line 6) 	nede during talepder y	reaz: \$_	,a	<u>2</u>
7. Did you make an expenditure exceeding \$50 o	m one occasion for an	emetative branch	்சின்	
From July 1 through June 307 From July 1 through December 31?	Ye 🔲 Ye 🔘	No LE	NA 🗖	
If the answer to either question in Number 7	above is YES, complete	o Schednie A and	l attach.	
8. Did you make expenditures exceeding the our	n of \$250 for an enecu	tive branch offici	比	
From January 1 through June 307	Yee □	No ET		
From July 1 through December 31?	Y= 🗆	N• □	NA 🔲	
If the enswer to either question in Number 8 $$	ébove is YES, complete	e Schedule A and	attach.	
 Did you expend funds for any reception, sorial officials were invited during this reporting per 	riod?	,	more than awaity-fiv	e executive branch
Ye (j No.	E .		
If the answer to Mumber 9 above is YES, com	plete Schedula B and a	ttack.		
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EXECUTIVE LOBBYING EXPENDITURE REPORT

ADOP

4 B00000 443	
Executive Lobbyust Registration No	
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10. PROVIDE BELOW (a) the name of the executive branch department as listed in the executive branch schedule; (b) the aggregate total of all expenditures surfliquable to the department made during the January 1 - June 30 reporting period; (c) the aggregate total of all expanditures attributable to the department made during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a columnar year attributable to disc department.

1)	a. Name of Department	
	b. Total of all expenditures made January 1 through June 30:	sssss
	c. Total of all expenditures made july 1 through December 31: (When applicable)	5
	d. Total of all expenditures made during the calcular year:	:
2)	s. Name of Department:	.
	b. Total of all expenditures made Jenuary I through Janu 30:	s
	c. Total of all expenditures made July 1 through December 31: (When applicable)	<u> </u>
	d. Total of all expenditures made during the calendar year:	8
3)	2. Name of Department:	·
	b. Total of all expenditures made January 1 through June 20:	<u> </u>
	c. Total of all expenditures made July 1 through December 31: (When explicable)	\$
	d. Total of all expanditures made during the calendar year:	s
echedul the PEE applical	OVIDE BELOW (a) the name of the executive branch department is; (b) the aggregate total of all expenditures statiburable to the ag- regate total of all expenditures attributable to the agency made du- ble; (d) the aggregate total of all expenditures made in a calendar y	nicy made during the Jamary 1 - June 30 reporting period; (c) ring the July 1 - December 31 reporting period when ear attributable to the agency.
1)	a. Name of Department and Individual Agency:	
	b. Total of all expenditures made January 1 through Jone 30:	\$
	 Total of all expenditures made July 1 through December 31: (When applicable) 	
	d. Total of all expenditures made during the calendar year:	\$
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2)	s. Name of Department and Individual Agency:	
	b. Total of all expenditures made Japanery 1 theorigh June 30:	£00
	c. Total of all expenditures made July 1 through December 81: (When applicable)	<u></u>
	d. Total of all expenditures made during the calendar year:	* <i>0</i> 7
3)	Name of Department and Individual Agency:	AARP
	b. Total of all expenditures made Jamesry 1 through June 30:	· · · · · · · · · · · · · · · · · · ·
	c. Total of all expenditures made July 1 through December 31: (When applicable)	s00
	d. Total of all expenditures made during the calendar year;	.00_

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief, that all reportable-expenditures have been included herein; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

Saryl 6. Blacker
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